

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-670)

Serial No.
539026

Applicant(s)

Filing Date
3-30-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13	1						
14							
15							
16							
17							
18							
19							
20							
21	1						
22							
23							
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32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42	1						
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	4						
TOTAL DEP.	50	54					
TOTAL TOTAL							
TOTAL DEP.							